

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002705

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 10

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RALLS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HANNIBAL</u>		c. CITY OR TOWN <u>NEW LONDON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>NEW LONDON</u>	
3. NAME OF DECEASED (Type or print) First <u>HENLEY</u> Middle <u>CLYDE</u> Last <u>HOSTETTER</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 19 1892</u>
9. AGE (last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (City and state or country) <u>FRANKFORD (RURAL) Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>ROBERT ROE HOSTETTER</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETT VIRGINIA HADEN</u>	
14. NAME OF HUSBAND OR WIFE <u>FRANKYE HOSTETTER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. J.R. Hutchinson Frankford Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Standstill</u> DUE TO (b) <u>Complete Heart block -</u> DUE TO (c) <u>[REDACTED]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>15 Dec 1961</u> to <u>6 Jan 1962</u> and last saw her alive on <u>6 Jan 1962</u> Death occurred at <u>3 AM 6 Jan 1962</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wyneth Hamlin MD</u>		22b. ADDRESS <u>Hannibal mo</u>	
22c. DATE SIGNED <u>1/9/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>JAN 8 - 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BARKLEY CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>New London Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>Jan 9, 1962</u>	
23f. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Debra M. Herman</u>		24. FUNERAL DIRECTOR <u>MEGOWN FUNERAL HOME</u>	
24a. ADDRESS <u>FRANKFORD Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 9, 1962</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 9, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Debra M. Herman</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lore Fields Megaw

Licensed Embalmer No. 4093

P. O. Address Frankford Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.